



PLANNING AND ZONING DEPARTMENT

ZONING VERIFICATION REQUEST

Your request will be processed upon receipt of completed form and payment of \$75.00 fee.

APPLICANT INFORMATION:

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (_____) _____ Fax #: (_____) _____

Email: _____

PROPERTY INFORMATION:

Address: _____

Tax Parcel # (s):

05 - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

05 - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

PPIN # (s): _____

APPLICANT PRINT NAME: _____

APPLICANT SIGNATURE: _____ Date: _____

By signing above, I hereby certify that I understand the requested information is for informational purposes only. Specific uses for the zoning classification requested should be verified through the City of Gulf Shores Zoning Ordinance or through consultation with City of Gulf Shores Planning and Zoning Department staff.

To be completed by Planning and Zoning Department Staff

Completed By: _____ Date: _____

☐ Zoned Zoning District: _____

☐ Unzoned

☐ Baldwin County Zoned: Contact Baldwin County Planning and Zoning Dept. - 251.580.1655